

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 12, 2004 8:00 am**  
**Secretary of State**

01-12-2004 90012 050 \*\*\*150.00

<b>DOCUMENT # P97000052143</b>					
1. Entity Name <b>BLANCHARD CONSTRUCTION, INC.</b>					
Principal Place of Business <b>265 EAGLE DR PANAMA CITY BEACH, FL <del>32413</del> 32407</b>			Mailing Address <b>265 EAGLE DR PANAMA CITY BEACH, FL <del>32413</del> 32407</b>		
2. Principal Place of Business <b>265 EAGLE DR</b>		3. Mailing Address <b>265 EAGLE DR</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>PANAMA CITY BEACH, FL</b>		City & State <b>PANAMA CITY BEACH, FL</b>		4. FEI Number <b>59-3452969</b>	
Zip <b>32407</b>		Zip <b>32407</b>		Applied For <input type="checkbox"/> Not Applicable	
Country		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>BLANCHARD, GREGORY C <del>125 MAINSTEE</del> 265 EAGLE DR. PANAMA CITY BEACH, FL 32413</b>			7. Name and Address of New Registered Agent Name <b>JAMES ALBERT BLANCHARD</b> Street Address (P.O. Box Number is Not Acceptable) <b>265 EAGLE DR.</b> City <b>PANAMA CITY BEACH, FL</b> Zip Code <b>32407</b>		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u><i>James Albert Blanchard</i></u> <b>JAMES ALBERT BLANCHARD PRES. JAN. 8, 2004</b> <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE <b>P</b> <input checked="" type="checkbox"/> Delete NAME <b>BLANCHARD, GREGORY C</b> STREET ADDRESS <b>125 MAINSTEE</b> CITY-ST-ZIP <b>PANAMA CITY BEACH, FL 32413</b>			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <b>PRES</b> <input type="checkbox"/> Delete NAME <b>BLANCHARD, JAMES A</b> STREET ADDRESS <b>265 EAGLE DR</b> CITY-ST-ZIP <b>PANAMA CITY BEACH, FL 32407</b>			TITLE <b>PRESIDENT</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME <b>JAMES ALBERT BLANCHARD</b> STREET ADDRESS <b>265 EAGLE DR</b> CITY-ST-ZIP <b>PANAMA CITY BEACH, FL 32407</b>		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u><i>James Albert Blanchard</i></u> <b>JAMES ALBERT BLANCHARD PRES. JAN. 8, 2004</b> (850) 235-0735 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					